



PART B - FEE(S) TRANSMITTAL

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52835 7590 08/24/2006

HAMRE, SCHUMANN, MUELLER & LARSON, P.C.
P.O. BOX 2902
MINNEAPOLIS, MN 55402-0902

11/16/2006 RMEBRAH1 00000135 503478 10825479

01 FC:1501 1400.00 DA
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Peggy Kerkhove (Depositor's name)
Peggy Kerkhove (Signature)
November 15, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/825,479	04/14/2004	Takeshi Kai	12844.0075US01	8135

TITLE OF INVENTION: AIR BAG SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUNN, DAVID R	3616	280-743200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamre, Schumann,
2 Mueller & Larson, P.C.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Honda Motor Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ A check is enclosed.

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Authorized Signature

Curtis B. Hamre

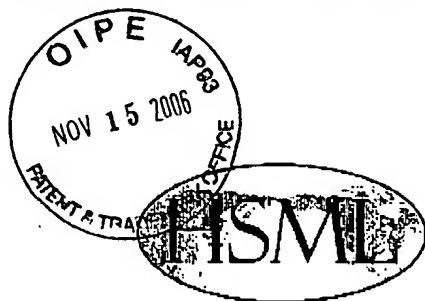
Date November 15, 2006

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Registration No. 29,165

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FAX TRANSMISSION November 15, 2006

TO: Mail Stop: ISSUE FEE
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PO Box 1450
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FROM: Curtis B. Hamre
OUR REF: 12844.0075US01
TELEPHONE: (612) 455.3800

Total pages, including cover letter: 2

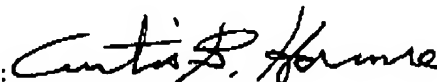
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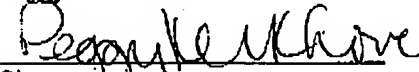
Applicant: KAI
Serial No.: 10/825,479
App. Filed: April 14, 2004
Group Art No.: 3616
Confirmation No.: 8135

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Reg. No.: 29,165

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Peggy J. Kerkhove


Signature

November 15, 2006
Date

225 SOUTH SIXTH STREET • SUITE 2650 • MINNEAPOLIS • MN 55402
TEL. 612.455.3800 • FAX 612.455.3801
WWW.HSML.COM • MAIL@HSML.COM